NAME OF EMPLOYER:

Payslip for the period of to *(DDMMYY)*

NAME OF EMPLOYEE:

DEPARTMENT:

PAYMENT DATE:

PAYMENT MODE:

EARNINGS		DEDUCTIONS	
Basic Pay		**Employee's CPF Contribution**	
Overtime Pay *(As details below)*		**Other Deductions** *(Break them down below)*	
Overtime Hours			
Overtime Rate			
Other Additional Pay *(Break them down below)*			
TOTAL EARNINGS		**TOTAL DEDUCTIONS**	

NET PAY

EMPLOYER PROVIDENT FUND:

Employer CPF Contribution